| No additional fee is required for amendment. ☐ Please charge Deposit Account No. in the amount of ☐ A check in the amount of to cover the filing fee is enclosed. ☐ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 ☐ Any additional filing fees required under 37 C.F.R. 1.16. ☐ Any patent application processing fees under 37 CFR 1.17. ☐ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 8, 2008 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence Signatu | AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): STEVEN TISCHER | | | | | | Docket No. 030536 (BLL-0162) | | |
|---|--|-----------------------|--|------------|------------|-----|---------------------------------|------------------|--|
| Invention: SYSTEM AND METHOD FOR GENERATING DATA SETS ASSOCIATED WITH AN ENTITY COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE TOTAL CLAIMS 16 - 25 = 0 x \$50.00 \$0.00 INDEP. CLAIMS 3 - 5 = 0 x \$200.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 Modificational fee is required for amendment. Please charge Deposit Account No. A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 66-1130 A hay patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 8, 2008 I hereby cartify that this correspondence is being deposited with full the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on 123 Class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on 124 Class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on 124 Class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on 124 Class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a)) o | Application No. | Filing Date | Examiner | | Customer N | 10. | Group Art Unit | Confirmation No. | |
| COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE APDITIONAL FEE ON X \$50,00 \$0 | 10/736,470 | December 15, 2003 | Levine | · | 36192 | | 3625 | 3487 | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING | | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE TOTAL CLAIMS 16 - 25 = 0 x \$50.00 \$0.00 INDEP. CLAIMS 3 - 5 = 0 x \$200.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of Please charge Deposit Account No. In the amount of Coover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 Any padditional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 8, 2008 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service with sufficient postage as first the United States Postal Service w | COMMISSIONER FOR PATENTS: | | | | | | | | |
| CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE | Transmitted herew | ith is an amendment i | n the above-identified a | pplication | on. | | | | |
| CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE TOTAL CLAIMS 16 - 25 = 0 x \$50.00 \$0.00 INDEP. CLAIMS 3 - 5 = 0 x \$200.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 8, 2008 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 19-10-10-10-10-10-10-10-10-10-10-10-10-10- | The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 16 - 25 = 0 x \$50.00 \$0.00 INDEP. CLAIMS 3 - 5 = 0 x \$200.00 \$0.00 Multiple Dependent Claims (check if applicable) | CLAIMS AS AMENDED | | | | | | | | |
| AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 16 - 25 = 0 x \$50.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 20 Church Street, 22nd Floor Hartford, CT 06103-3207 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on [Oate) Signature of Person Mailing Correspondence CC: | | CLAIMS REMAINING | HIGHEST # | NUMB | ER EXTRA | | | ADDITIONAL | |
| Multiple Dependent Claims (check if applicable) | | AFTER AMENDMENT | PREV. PAID FOR | CLAIMS | 3 PRESENT | | RATE | FEE | |
| Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT S0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 20 Church Street, 22nd Floor Hartford, CT 06103-3207 Telephone 860-286-2929 Facsimile 860-286-2929 Facsimile 860-286-115 Customer No. 36192 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on [Date] Signature of Person Mailing Correspondence CC: | TOTAL CLAIMS | 16 - | 25 = | | 0 | х | \$50.00 | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT Solution No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 20 Church Street, 22nd Floor Hartford, CT 06103-3207 Telephone 860-286-2929 Facsimile 860-286-2929 Facsimile 860-286-0115 Customer No. 36192 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence Signature of Person Mailing Correspondence Cottom Cot | INDEP. CLAIMS | 3 - | 5 = | | 0 | х | \$200.00 | \$0.00 | |
| No additional fee is required for amendment. ☐ Please charge Deposit Account No. In the amount of ☐ A check in the amount of to cover the filing fee is enclosed. ☐ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 ☐ Any additional filing fees required under 37 C.F.R. 1.16. ☐ Any patent application processing fees under 37 CFR 1.17. ☐ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 20 Church Street, 22nd Floor Hartford, CT 06103-3207 Telephone 860-286-0115 Customer No. 36192 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in a nervelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence Signature of Person Mailing Correspondence | Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 | |
| □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filling fee is enclosed. □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 □ □ Any additional filling fees required under 37 C.F.R. 1.16. □ □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: May 8, 2008 Dated: May 8, 2008 □ Nay 8, 2008 □ Nay | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | \$0.00 | |
| 20 Church Street, 22nd Floor Hartford, CT 06103-3207 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192 Class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence | □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 ☑ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. David A. Fox David A. Fox | | | | | | | | |
| cc: | CANTOR COLBU 20 Church Street, Hartford, CT 0610 Telephone 860-286 Facsimile 860-286 | | the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on | | | | | | |
| | cc: | | Typed or Printed Name of Person Mailing Correspondence | | | | | | |